PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Commissioner for Patents

١	NOV 13 TODO 5	1 3 mm B				Alexandria, Virginia 22313-1450 (571)-273-2885			
TO S	Or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where starting further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the								
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
	24024 7590 08/08/2006 CALFEE HALTER & GRISWOLD, LLP 800 SUPERIOR AVENUE SUITE 1400 CLEVELAND, OH 44114				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
11/		4/2006 HDEMESS2 00000050 10601720				Robin D. Burger (Depositor's name)			
	FC:1501 FC:1504				November 8, 2006 (Signature)				
	APPLICATION NO. FILING DATE		FIRST NAMED INVE		TOR ATTORNEY DOCKET NO.		DOCKET NO.	CONFIRMATION NO.	
•	10/601,720 06/23/2003 Make Morris 12873/04604 8692 TITLE OF INVENTION: SYSTEM AND METHOD FOR PROVIDING A BREATHING GAS								
	APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSUI	E FEE TOTA	AL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400	\$300	\$0		\$1700	11/08/2006	
	EXAMINER		ART UNIT	CLASS-SUBCLASS					
	MITCHELL, TEENA KAY		3743	128-204230		•			
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of u or agents OR, altern (2) the name of a s registered attorney	a single firm (having as a member a ley or agent) and the names of up to ent attorneys or agents. If no name is				
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
	recordation as set fort	h in 37 CFR 3.11. Comp	ata will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.						
	(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
	Invacare Co	-	Elyria, Ohio						
	lease check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Govern							entity Government	
		are submitted: No small entity discount p	b. Payment of i'ce(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-0172 (enclose an extra copy of this form).						
	5. Change in Entity Sta	•	•						
	NOTE: The Issue Fee an	s SMALL ENTITY state d Publication Fee (if requestres of the United Sta	is. See 37 CFR 1.27. uired) will not be accepte tes Patent and Trademark	d from anyone other th	longer claiming SMAI an the applicant; a regi				
	Authorized Signature	11	C Brown	et)	Date No	vember	8, 2006		
	Typed or printed name <u>Alan C. Brandt</u>				Registration N				
	an application. Confiden submitting the complete this form and/or suggesti Box 1450, Alexandria, VAlexandria, Virginia 223	tiality is governed by 35 dapplication form to the ions for reducing this bur irginia 22313-1450. DC 13-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	1.14. This collection is depending upon the ine Chief Information Of COMPLETED FORMS	ectimated to take 12 m	nimuter to con	anlete including	y the USPTO to process) gathering, preparing, and you require to complete ment of Commerce, P.O. Patents, P.O. Box 1450,	

er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.